

# CALFRESH (CF) PROGRAM

## REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

|   |  |                               |
|---|--|-------------------------------|
| 1. RESPONSE NEEDED DUE TO:<br><input type="checkbox"/> Policy/Regulation Interpretation<br><input type="checkbox"/> QC<br><input type="checkbox"/> Fair Hearing<br><input checked="" type="checkbox"/> Other: | 5. DATE OF REQUEST:<br>10/10/12  | NEED RESPONSE BY:<br>10/20/12 |
| 2. REQUESTOR NAME:<br>Ken Mackell   | 6. COUNTY/ORGANIZATION:<br>Butte   |                               |
| 3. PHONE NO.:<br>530-879-3528   | 7. SUBJECT:<br>Expedited Service and CalFresh Overissuance   |                               |
| 4. REGULATION CITE(S):<br>MPP 63-301.5 and 63-801   | 8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references)<br>NOTE: All requests must have a regulation cite(s) and/or a reference(s). |                               |

9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):

A household of two applies for CalFresh and one member is a student. The household meets the criteria for entitlement to CalFresh Expedited Service (ES) and sufficient information, including proof of identity, is provided by the individual applying on behalf of the household. The household subsequently provides a more detailed verification of the household's circumstances, at which time the County Welfare Department (CWD) discovers that the household includes an ineligible student and that the household was issued more CalFresh benefits than what it was entitled to receive.

Question:

(1) Should the county establish an overissuance (OI) claim for CalFresh ES? (2) Are there other instances in which an OI claim should be established against a household who received CalFresh benefits under ES?

10. REQUESTOR'S PROPOSED ANSWER:

Expedited Services CalFresh over issuance can be established when the information received is fraudulent.

11. STATE POLICY RESPONSE (CFPB USE ONLY):

STATE POLICY RESPONSE:

(1) No. An OI claim against the household should not be established since the household did not "willfully" withhold information to defraud the county. It seems that the household did everything they were asked to do in order to receive CalFresh benefits under ES. The county did not know that the head of household was an ineligible student until the household completed the application and provided the postponed verification.

(2) Yes. Consistent with Manual of Policies and Procedures (MPP) Section 63-801.1, an OI can be established against a household when it receives more benefits than it was entitled to receive, including benefits issued under ES. This includes households that "willfully" provide false information to gain benefits for which they were not eligible.

### FOR CDSS USE

DATE RECEIVED:

DATE RESPONDED TO COUNTY/ALJ:

# CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)

|   |   |                   |
|---|---|-------------------|
| 1. RESPONSE NEEDED DUE TO:                                | 5. DATE OF REQUEST:   | NEED RESPONSE BY: |
| <input type="checkbox"/> Policy/Regulation Interpretation |   |                   |
| <input type="checkbox"/> QC                               |   |                   |
| <input type="checkbox"/> Fair Hearing                     |   |                   |
| <input type="checkbox"/> Other:                           |   |                   |
| 2. REQUESTOR NAME:  | 6. COUNTY/ORGANIZATION:   |                   |
| 3. PHONE NO.:   | 7. SUBJECT:   |                   |
| 4. REGULATION CITE(S):                                    | 8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i><br>NOTE: All requests must have a regulation cite(s) and/or a reference(s). |                   |